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REVIEWS.

THE FIRST ANNUAL REPORT OF THE COMMISSIONER OF HEALTH OF PENNSYLVANIA.

Pennsylvania has long been one of the most backward of the greater States in matters sanitary. By a law passed in 1905 its department of health was thoroughly reorganized; and under the able leadership of Dr. Samuel G. Dixon there has been brought about a revolution which promises to place the State in a very different position in the future. The first annual report of the new board, covering the period from June 6, 1905, to Dec. 31, 1906, is of unusual interest, since it exhibits the application of the latest and most efficient methods of study to unusually primitive sanitary conditions.

Dr. W. T. Batt, State Registrar, in the section of the report dealing with Vital Statistics, points out that this "represents the first successful attempt on the part of Pennsylvania to collect, collaborate, and publish the vital statistics of the entire state," and "follows fifty-five years of fruitless efforts to accomplish this result." An act for the registration of births, marriages, and deaths, was passed in 1851, but it was so loosely drawn that reporting by physicians and clergymen could not be, and was not, enforced. A State Board of Health and Vital Statistics was created in 1885, but the registration law was not strengthened, and remained practically a dead letter. In 1897 the governor, in urging the need for proper registration, said, "Pennsylvania is the only one of the North Atlantic States without such a system, and she is behind almost every other State in the Union in this respect." The present law was enacted May 1, 1905, and went into operation Jan. 1, 1906. It requires a permit for burial, to be granted only after the filing of a proper death certificate; and provides for local registrars, appointed by the State Commissioner of Health. In the first year in which this law went into force, the State was admitted into the registration area of the United States Census Bureau.

The new report shows Pennsylvania to be an urban State: 20.8 per cent. of the total population in cities over 500,000; 30 per cent. in cities over 100,000; 57.2 per cent. in municipalities over 2,500. It is still largely a native American State; 84.4 per cent. of the population is native born. An interesting comparative age table shows that Pennsylvania has less than the average (United States) population under twenty years, and more, from twenty-five to seventy.

In looking over the causes of death, the most striking things are the high rank of violence (third), cholera infantum (fourth), and typhoid fever (tenth). These are clearly strategic points in the campaign which the new board is to wage. The death-rate from typhoid fever for the State is given the astonishing value of 56.5 per 100,000. Such rates are not uncommon in particular cities, but for a whole State the figure is appalling. The seasonal distribution of the disease shows the characteristic winter and spring peaks of water-born typhoid, and it is fairly certain that the death-rate is conditioned mainly by the prevalence of such grossly polluted water supplies as those of Philadelphia and Allegheny and Pittsburg and Scranton, to name the four largest cities in the State. It might have been well to include in the report the typhoid death-rates for individual municipalities in order that the gross offenders might be clearly revealed. It is certain that, of the 3,917 annual deaths from typhoid fever in the State, at least two-thirds are easily preventable.

The high mortality from cholera infantum (10,187 deaths from diarrhœa and enteritis under five years) is no doubt also partly due to polluted water. Milk, however, must also play an important role. The ratio of deaths under one year to 1,000 births is 167, which harmonizes pretty well with the high rank taken by cholera infantum as a cause of death (147 per 100,000 total population). The corresponding rate in Massachusetts is about 83: it can be safely assumed that 4,000 deaths a year from this cause in Pennsylvania are preventable.

The deaths from violence in the State amounted to 10,180, or 146.9 per 100,000. Railroad accidents accounted for 2,387 of these deaths, and injuries in mines for 983. It is difficult to compare industrial accidents in different communities, but we know in a general way that railroading is five times as fatal and mining three times as fatal in the United States as it is in England.

The new Board of Health has already begun an energetic and efficient campaign for pure water supplies and for the protection of the rivers of the State. It has ample powers to deal with the problem of milk supplies, and even to cope with the deep-rooted evils which permit and encourage the slaughter of thousands, in the mines, and on the railroads, of the United States. The success which it attains will be written with unusual clearness, and read with unusual interest, in the succeeding volumes of the annual report.

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